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27351 1540 08/20/2006

MEDTRONIC, INC.
710 MEDTRONIC PARK
MINNEAPOLIS, MN 55432-9924

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[Redacted box]
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| APPLICATION NO. | FILED DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|------------|----------------------|---------------------|------------------|
| 10/21/2006 | 08/20/2006 | Siping Lyu | P-11476-00 | 4323 |

TITLE OF INVENTION: NOVEL MEDICAL ELECTRICAL CONNECTOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1800 | \$300 | \$1800 | 08/20/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLAS |
|-----------------|----------|---------------|
| HARVEY, JAMES R | 2833 | 439-587000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO-89-122) attached.
- "Fee Address" indication (or "Fee Address" indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.
2. Fee printing on the patent front page, if:
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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- Michael C. Seldner
Gisela Wiede-Michael*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fees are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies

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 The Director is hereby authorized by signing the required facsimile or credit any overpayment to Deposit Account Number *13-35546* (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(3).

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Authorized Signature

Typed or printed name

Michael C. Seldner

Date *August 10, 2016*

Registration No. *41,455*

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